

# Exhibit C

**FILED UNDER SEAL**

Place Label Here

**VERNON JERVIS** DOB 06/02/81  
 A214843695 29512 INTAKE 04/14/20

Appendix D  
**DONALD W. WYATT DETENTION FACILITY  
 PHYSICAL ASSESSMENT**

TYPE OF ASSESSMENT:  INITIAL OTHER

Reviewed intake screenings and available test results.  Yes  No

FAMILY HISTORY: F=FATHER, M=MOTHER, B=BROTHER, S=SISTER

TB	HEPATITIS	HIV+
CANCER	ASTHMA	EPILEPSY
KIDNEY DISEASE	SICKLE CELL	SEIZURES
MENTAL ILLNESS	DIABETES	HEART DISEASE
HYPERTENSION	ANEMIA	

REVIEW OF SYSTEMS:  Negative

Normal/Not Present Please  Abnormal Please Comment

SKIN:	Color Condition Turgor Recent Injury Tattoos Scars	<i>Chart Review only</i> - <input type="checkbox"/> Contact <i>exam deferred</i>
HEAD:	Hair Scalp (pediculosis)	<i>20 Covid</i>
EAR:	Appearance Canals	
MOUTH:	Throat Tongue Tonsils	
NOSE:	Obstruction Drainage	
NECK:	Veins Mobility Thyroid Carotids Lymph nodes	
CHEST (BREASTS):	Configuration Auscultation Respiration's Cough/Sputum	
HEART:	Auscultation Radial pulse Apical pulse Rhythm	
ABDOMEN:	Shape Bowel Sounds Palpation Hernia	
SPINE:		
NEUROLOGICAL:	Reflexes	
GENITAL/URINARY:	Lesions Discharge	
RECTAL EXAM (50 yrs. old and older):	Hemorrhoids Anal Warts Stool for Occult Blood +	
EXTREMITIES:	Pulses Edema Joints	

MEDS:	1500mg	ALL:	<i>Repeat 1500mg</i>		
VITAL SIGNS					
HT	WT	BP			
PULSE	RESP	TEMP			
PAST MEDICAL HISTORY					
<i>Hb Acute England TBI Coma 9 months</i>					
SURGICAL HISTORY					
<i>PLAte in head on Rega 1500mg BID - Seizure</i>					
IMMUNIZATION STATUS					
Date of last Tetanus shot: _____					
Date of last HIV test: _____					
Date of last HEP C test: _____					
HEP A Vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HEP B Vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TB SCREENING					
Current PPD - Date Given: <i>4/12/2020</i>					
Results and Date: _____					
Follow-up scheduled: <input type="checkbox"/> Not Indicated <input type="checkbox"/> Yes					
ORAL SCREENING					
Pain/Discomfort: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Condition of teeth: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good					
Condition of gums: <input type="checkbox"/> Poor <input type="checkbox"/> Healthy					
False teeth: <input type="checkbox"/> Partial Plate <input type="checkbox"/> Upper <input type="checkbox"/> Lower					
VISION (SNELLEN CHART)					
Right: _____ with glasses _____					
Left: _____ with glasses _____					
FEMALES ONLY					
LMP: <i>G</i> P <i>1</i>					
Pap Smear: <i>1</i>					
OTHER					
Suicide Attempt: <input type="checkbox"/> Yes <input type="checkbox"/> No Suicide ideation: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Stabbings: <input type="checkbox"/> Yes <input type="checkbox"/> No GSW: <input type="checkbox"/> Yes <input type="checkbox"/> No					
ETOH Use: <input type="checkbox"/> Yes <input type="checkbox"/> No IVDU: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Family Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No					
COMMENTS					
<i>Chart Review only - - Covid test ordered by Dr. Blackley (-) exam - Review only</i>					
REFERRAL					
<i>Review chart - Needs Rectal cancer testing TBF - SP Acciden</i>					
ASSESSED BY:					
Physician/N.P.					
Signature: <i>Donald W. Wyatt</i>					
Date: <i>5/1/2020</i>					

DONALD W. WYATT DETENTION FACILITY  
PHYSICIAN'S ORDERS

Name ID#	VERNON JERVIS A214843695	DOB 06/02/81 INTAKE 04/14/20	D.O.B. is Penicillin
Check box as order is noted Noted by: <i>John</i>		(Date & Time) 4/14/20 7:34pm	4/14/20 7:34pm <i>John</i> RW
Date: 4/14/20 Time: 8:20pm		Keppra 1,500 mg PO BID X 90 days. OIC	
Check box as order is noted Noted by: <i>John</i>		(Date & Time) 4/14/20 7:34pm	<i>John</i> M. Blanchette Date 4/15/2020 Bottom tract pap. of signs orders sm years
Date: 4/14/20 Time: 8:35pm		M.D. Signature <i>John M. Blanchette</i> Date 4/15/2020	
Check box as order is noted Noted by: <i>John</i>		(Date & Time) 4/14/20 9pm	Motrin 600mg PO BID PRN X 60 days R/T back pain per protocol <i>John</i> M. Blanchette Date 4/15/2020
Date: 4/14/20 Time: 9pm		M.D. Signature <i>John M. Blanchette</i> Date 4/15/2020	
Check box as order is noted Noted by:		(Date & Time)	
Date:			
Time:			
M.D. Signature		Date	